

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

**MODINE MANUFACTURING COMPANY**

SCC ID NO: **F0164865**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREFER	16,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 DEKOVEN AVE

CITY/ST/ZIP: RACINE, WI 53403-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MARGARET C KELSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-CRP DV/GC/S		
ADDRESS:	1500 DEKOVEN AVE.		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	MICHAEL B LUCARELI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FIN/CFO/T		
ADDRESS:	1500 DEKOVEN AVE.		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	SCOTT L BOWSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RVP - AMERICAS		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	THOMAS A BURKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	THOMAS F MARRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP - EU AS CPG		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		

NAME:	DAVID J ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	CHARLES P COOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	SURESH V GARIMELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	FRANK W JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	DENNIS J KUESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	LARRY O MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	GARY L NEALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	CHRISTOPHER W PATTERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	MARY L PETROVICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		
NAME:	MARSHA C WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 DEKOVEN AVE		
CITY/ST/ZIP/CO:	RACINE, WI 53403-		

NAME: MICHAEL T YONKER		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR			
ADDRESS: 1500 DEKOVEN AVE			
CITY/ST/ZIP/CO: RACINE, WI 53403-			
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARGARET C KELSEY	MARGARET C KELSEY, VP-CRP	9/26/2011	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DV/GC/S	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			